

HOWARD COMMUNITY COLLEGE

SPRING 2016 Registration

Social Security Number (last 4 digits)

X	X	X	X
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Last Name

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First Name

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Student's Home Address (Check here if new address ☐)

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Number and Street

City

State

Zip code

What is your race? Select one or more of the following categories:

County	Date of Birth	Gender	Are you of Hispanic or Latino origin? Yes <input type="checkbox"/> No <input type="checkbox"/>
		M F	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White
<input type="checkbox"/> I am over 16 years of age.		<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
To see a list of ethnic origin category definitions, please visit http://www.howardcc.edu/categorydefinitions			

E-Mail Address

Home Phone or Cell Phone

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area code

Business Phone

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area code

SPRING 2016

9:00 a.m. - 1:30 p.m.

<input type="checkbox"/>	Date	Title and Location		Tuition	Syn.	Course	Section
<input type="checkbox"/>	3/18/16	TB Skin Test Training	Howard County Health Dept.	\$60	1871	XH 570	S7809
<input type="checkbox"/>	4/14/16	TB Skin Test Training	Anne Arundel County Dept. of Health	\$60	1874	XH 570	S7811
<input type="checkbox"/>	5/11/16	TB Skin Test Training	Montgomery County Health Dept.	\$60	1876	XH 570	S7813
<input type="checkbox"/>	5/18/16	TB Skin Test Training	Washington County Health Dept.	\$60	1877	XH 570	S7815

MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my responsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendance records and registration information to the **Maryland Department of Health and Mental Hygiene**, or to credentialing agencies for CEUs, when applicable.

NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units. 100% Attendance and completion of an evaluation form is required to receive a *Certificate of Successful Completion*.

Signature: _____

Date: _____

Fax-in: Fax your registration form and and credit card information to:

443-518-4333
Attn: Mike Dower

Mail-in: Send registration form and check to:
Howard Community College
10901 Little Patuxent Parkway
Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203
Please include student's address and phone number on check.

FOR FAX-IN (circle one credit card):

VISA/ MasterCard/ Discover/ American Express: _____ Exp. Date: _____

Cardholder's Name: _____ Signature: _____